



Passport for Foster Youth Scholarship and Assistance Consent Form

The Passport for Foster Youth Program assists you on your journey toward a post secondary education and provides scholarships and college support services so you can meet your higher education goals.

If you meet the below criteria, please sign and return this form to receive more information about participating in this program.

You are eligible for the scholarship and other campus-based support services if you were a dependent of the State of Washington and in foster care on your 18th birthday on or after 1-1-07 and you:

- Spent at least one year in foster care after your sixteenth birthday;
- Are a resident of Washington State;
- Are or will be enrolled at least half-time in an eligible institution of higher education in Washington state by the age of twenty one;
- Have not yet earned a bachelor's or professional degree; and
- Are not planning to pursue a degree in theology.

STUDENT INFORMATION

| | |
|---|-----------------------------------|
| Name | Date of Birth |
| | |
| Address | Phone Numbers |
| Street: | Home: () |
| City: State: ZIP: | Cell: () |
| E-mail Address | Social Security Number (optional) |
| | |

I authorize DSHS to release and receive information regarding my foster care status, college enrollment, financial aid, and academic standing including grades with the Higher Education Coordinating Board – the agency administering the program; and Passport eligible institutions and colleges. I understand I may be asked for additional information from the Higher Education Coordinating Board.

Student signature: _____

Date: _____

For more information contact:

Higher Education Coordinating Board

Attn: Dawn McAferty

PO Box 43430

Olympia, WA 98504-3430

FAX: 360-704-6246

E-mail: passporttocollege@hecb.wa.gov

Phone: 1-888-535-0747 option #5